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SUBJ: AMCIT REPATRIATION HIGHLIGHTS ZIM'S CRUMBLING HEALTH  
INFRASTRUCTURE

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#### INTRODUCTION AND SUMMARY

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¶1. While the quality and level of health care available in Zimbabwe was historically among the best in Africa, it has declined dramatically in recent years and the decline has accelerated in the last two to three months. Harare's three public hospitals lack even basic levels of medical supplies and staff, and there are many reports of hospitals refusing to provide basic medical services. Even private hospitals face challenges with unreliable supplies of water, lack of basic medical supplies, and staff shortages. The recent hospitalization and medical repatriation of an AMCIT from Harare shatters any lingering hopes that those with sufficient funds can still obtain adequate medical care in Zimbabwe.

#### BACKGROUND

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¶2. On October 11, a long-term AMCIT resident of Zimbabwe sustained a complicated fracture of his hip after falling in the bathroom of his home. He and his Zimbabwean wife attempted to receive medical care between October 12 and 21, making five visits to Zimbabwe's flagship public hospital, Parirenyatwa Hospital. During each attempt, AMCIT and his wife were told to go away and come back, either because the doctor was not available or because they did not have sufficient funds to pay for the consultation and x-ray. On October 20, AMCIT contacted the Consular Section for the first time, requesting help to pay for an x-ray. The Consular Section authorized the remaining funds from an Emergency Medical Dietary Association(EMDA) loan that he had previously requested to pay for medication to treat his epilepsy. On October 21, with funds in hand, AMCIT and his wife made their fifth and final attempt to see a doctor and get an x-ray at Parirenyatwa Hospital, but they were told that the hospital could no longer provide this service, even with advance payment. (NOTE: Several doctors who work at the hospital have since told us that x-ray film is not currently available in any of Harare's three public hospitals. END NOTE.)

#### A DEARTH OF MEDICAL SERVICES

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¶3. After failing to obtain medical care at Parirenyatwa Hospital, AMCIT and his wife came to the Embassy on October 23 requesting emergency medical service. Unable to walk, AMCIT remained in his car near the Embassy, where Conoff and Consular Assistant met him. AMCIT appeared to be in a great deal of pain, disoriented, and suffering from memory loss. At Conoff's request, Post Medical Officer quickly assessed AMCIT's condition and determined that he needed urgent health care. Post Medical Officer arranged for a private doctor often used by the Embassy to see him. This doctor arranged for an x-ray at a private facility and diagnosed a broken hip; the consultation cost USD 20.

¶4. The following day, AMCIT met with an orthopedic surgeon who said that surgery on the broken hip would cost at least USD 3500; however, the surgeon refused to treat or give AMCIT a painkiller

until AMCIT had been admitted to hospital. Avenues Clinic, Harare's premier private hospital, advised Consular Assistant that treatment for 3-5 days would cost USD 4300 and that the hospital would require either payment in advance or a guarantee letter from the Embassy. This was in addition to the surgeon's fees and did not include expenses for the pins and metal plate needed to fix the hip, or for any necessary blood work, medications, or x-rays.

15. On AMCIT's behalf, Conoff negotiated with the hospital to accept payment in local currency by check. This quickly reduced the hospital's demanded payment from USD 4300 by 95 percent to USD 200. (NOTE: Due to currency fluctuations, the final price was approximately USD 20. END NOTE.) Conoff and CA/OCS arranged special authorization for a repatriation loan before AMCIT checked into Avenues Clinic on October 27. Visiting the hospital in advance of AMCIT's surgery originally scheduled for October 29, Conoff discovered AMCIT lying in urine-soaked sheets, without his hip immobilized; additionally, AMCIT appeared to be more disoriented than he was at the time of admission. Over the next two days, despite repeated phone calls and several visits to the hospital, Conoff and Consular Assistant were unsuccessful in their efforts to contact AMCIT's attending surgeon.

16. On October 30, the surgeon informed Conoff, Consular Assistant, and Post Medical Officer that he wouldn't be able to operate the following day as he had previously planned because AMCIT needed a blood transfusion. When Conoff asked why this had not been mentioned before, the surgeon admitted that he had not been able to locate any blood. After learning of Conoff's proposal to medically evacuate AMCIT, the surgeon stated that because AMCIT's condition was so poor he was glad that he would not be performing the surgery because he did not think there would be a good outcome. Before leaving, Conoff asked the surgeon to prepare a medical report and to sign the consent form needed to transfer AMCIT by air. The surgeon referred Conoff to his office manager, who refused initially to fill

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out the paperwork until the surgeon's consultation fees -- approximately USD 350 -- were paid, but eventually relented after the surgeon agreed to complete the report prior to payment. A larger repatriation loan was arranged for AMCIT so he could be medically evacuated to the U.S. via South Africa.

17. The same day, nurses at Avenues Clinic informed us that they had very few basic medical supplies. They said the surgeon operated almost every day and was overworked, like most other doctors at the hospital. Earlier in the day, Poloff learned from the doctor in charge of emergency medical services at Avenues Clinic that the hospital had no saline and could not even do intravenous drips for patients who were dehydrated.

TRANSFER TO SOUTH AFRICA  
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18. In anticipation of a medical evacuation, Consular Assistant first contacted Zimbabwe's primary medical evacuation company, Medical Air and Rescue Services (MARS), on October 27 for a quote for their services and a timeline as to when the AMCIT could be evacuated. MARS was unable to give us a written quote until close to 5pm on October 30. They stated in their initial conversations with Consular Assistant that they would be unable to provide a medical escort. MARS also would not evacuate AMCIT without a report from the attending surgeon -- something that proved extraordinarily difficult to attain because of increasingly unreliable phone service. MARS declared that a report from Avenues Clinic would be insufficient for transportation. We investigated using a commercial airline as an alternative, but they require 48 hours notice and a hospital and doctor's report. Ultimately, the commercial airlines refused to board AMCIT because the doctor's report stated that he needed oxygen -- a requirement that the commercial airlines will not meet.

19. On October 31, AMCIT was flown from Harare to Johannesburg in a MARS-owned private plane. He was attended to by a nurse during the flight and arrived at approximately 1:30 p.m. MARS had recommended that AMCIT be checked into Milpark Hospital, one of the premier

hospitals in Johannesburg. MARS stated that they would notify Milpark requesting admission. Neither MARS nor Milpark told Conoff or ACS Johannesburg that a guarantee letter would be required for admission, which delayed AMCIT's admission for five hours.

¶10. The admitting nurse told us that on admission at Milpark Hospital, AMCIT was severely dehydrated, delusional, and suffering from malnourishment and a bed sore. The nurse believed that AMCIT hadn't been bathed in more than 5 days. She stated AMCIT's condition was serious and that he would not be able to travel for a minimum of 10 days. The nurse was concerned by AMCIT's delusional state and his very low hemoglobin level. She told Conoff that it was quite possible that AMCIT would suffer a stroke or require further emergency medical services or intervention given the poor care he had received in Zimbabwe.

¶11. Conoff also spoke to the Director of Alliance International Medical Services (a South Africa-based company), Bernadette Breton, who said that AMCIT's condition was "appalling" and that MARS had not followed the proper procedures for medically evacuating him to South Africa. She said MARS should have contacted Alliance International Medical Services prior to AMCIT's arrival and arranged for the embassy to provide a guarantor letter for AMCIT's care. She said that Milpark Hospital initially refused AMCIT's admittance because they were concerned by the severity of his medical condition and that the American Embassy would not pay the potential USD 20,000 that AMCIT could incur if he had a stroke or required further medical intervention.

¶12. On November 3, the nurse in charge of AMCIT's care reported AMCIT was doing much better. The hospital had been able to successfully treat his bed sore and AMCIT was no longer delusional after receiving two days of epilepsy medication. ACS Johannesburg has arranged for AMCIT to have his hip repaired in South Africa before medically evacuating him to the United States.

#### COMMENT

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¶13. The dearth of medical services available in Harare and the apparent disregard by the treating physician and hospital staff for the AMCIT's welfare in this case makes Consular Harare believe that, except for the most basic medical services, AMCITs in Zimbabwe will need to be medically evacuated in the future to ensure they receive adequate medical attention. Since AMCIT's repatriation, ACS Harare and Poloff have been meeting with doctors and other local medical contacts. Poloff and Conoff have confirmed that saline, blood, clean bandages, and other basic necessities, including water, are not consistently available at any medical facility in Harare, even the premier private hospital. This, coupled with very low wages has resulted in many doctors, nurses, and support staff no longer showing up to work. Those who do are overworked, under-motivated,

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and sometimes give sub-par medical care unless they are paid "extra" by the attending doctor or patient's family. The result is that Zimbabweans -- and now Americans -- can no longer count on receiving even the most basic medical care during a life threatening accident or illness.

MCCEE